



## EMPLOYMENT HISTORY

Starting with you most recent employer, assignments or volunteer activities, provide the following information.

Employer	Telephone #	From: Month Year Date Employed / /	To: Month Year / /
Street Address	City	State	Compensation (Starting)
Starting Job Title/Final Job Title			\$ per
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? Yes No			Compensation (Final) \$ per

Summarize the type of work performed and job responsibilities

Employer	Telephone #	From: Month Year Date Employed / /	To: Month Year / /
Street Address	City	State	Compensation (Starting)
Starting Job Title/Final Job Title			\$ per
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Reason for Leaving			
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Summarize the type of work performed and job responsibilities

## SKILLS & QUALIFICATIONS

- Word
  Excel
  Access
  PowerPoint
  Internet

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

**Educational Background (if job related)**

Starting with you most recent school attended, provide the following information.

School (Include City & State)	Number of Years Completed	Achieved	GPA Class Rank	Major	Minor
		GED Diploma Degree			
		GED Diploma Degree			
		GED Diploma Degree			

**References**

List name and telephone number of three business/work references. Please do not list family members.

Name	Title	Relationship to Candidate	Telephone	Years Known

**Additional Information**

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any similarly protected status.

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List any additional information you would like us to consider.

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List names and relationship of any relatives currently employed by the City of Rogers. \_\_\_\_\_

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## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service, whenever it is discovered.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_